

VARIANCE – TIME EXTENSION APPLICATION

Date Submitted:	Project ID Number:	
Project Name:		
Owner/Agent:	Phone:	Fax:
Address:		Zip code:
Consultant:	Phone:	Fax:
Address:		Zip code:
Email Address:		
BACKGROUND:		
1. ☐Time Extension ☐Sidewalk ☐Floo	odplain Permit	Appeal Streets or Drainage
2. City Council DistrictFerguson M	. City Council District Ferguson Map Grid Zoning District	
3. San Antonio City Limits - ☐ Yes ☐ No		
4. Edwards Aquifer Recharge Zone? 🗖 Y	Yes □ No	
5. Previous/existing land fill? □ Yes □	No	
6. Parkland, greenbelts, or open space? Floo	od plain? 🗆 Yes 🗀 No	
VARIANCE APPROVAL CRITERIA:		
As per the UDC, the variance request letter must	address the following criteria price	or to submission.
1. If the applicant complies strictly with the pro	ovisions of these regulations, he/sh	e can make no reasonable use of
his/her property; and		
2. The hardship relates to the applicant's land, r	rather than personal circumstance;	and
3. The hardship is unique, or nearly so, rather th	han one shared by many surroundi	ng properties; and
4. The hardship is not the result of the applicant	t's own actions; and	
5. The granting of the variance will not be injur	rious to other property and will no	t prevent the orderly subdivision of
other property in the area in accordance with	these regulations.	
FEES (please refer to the current fee schedule)		
Variance Request \$	OR Time Extensi	ion \$
Print Name:		

NOTE: Please attach this application with your submittal to the reviewing agencies. In addition, if the letter does not address the above mention criteria your variance may be subject to disapproval.